

**Submission to Independent Review into Self-Inflicted Deaths in NOMS Custody of 18-24 year olds:**

**Rob Allen**

1. I am an independent researcher and consultant and former Director of the International Centre for Prison Studies at King's College London. I have conducted two independent investigations into cases of young adults who committed life threatening acts of self-harm in prison.
2. The first, the case of AA , took place in Holloway prison in 2004  
<http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2010/08/Report-of-an-Independent-Investigation-into-the-Case-of-AA.pdf>
3. The second the case of AB took place in Bedford prison in 2008  
<http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2014/02/AB-Final-Report-for-publication-18-Jan-2013.pdf>
4. In these two reports, I made a total of 37 recommendations. The 14 recommendations made in the AA case are listed, together with the response made by NOMS, here:  
<http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2011/02/NOMS-Response-to-Investigation-in-the-AA-case.pdf>.
5. The 23 recommendations made in the AB case are here  
<http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2013/05/NOMS-response-to-AB-investigation-report.pdf>
6. Most of the recommendations were specific to the circumstances of the cases and in the case of AA, the act of life threatening self-harm pre- dated the introduction of the ACCT scheme. I would however wish to draw to the attention of the review the following recommendations which have broader significance for the review. I would be happy to expand upon these if it would be helpful to the review.

AA

Rec 1 We recommend that assessments for transfer to psychiatric care are made much more quickly.

Rec 2 We recommend that urgent priority is given to developing and implementing a system of assessing the needs of remand prisoners and those with short periods to serve and a fully functioning Personal Officer scheme.

Rec 3 We recommend that more effective models of clinical care are developed for prisoners with diagnosed mental illness and that ways are found to ensure that diagnostic assessments undertaken for the courts are swiftly and systematically used to inform decisions about day to day medical care in prison.

Rec 5 We recommend that policy on the sharing of medical information in the prison setting is clarified and a training programme established to ensure staff understand its implications.

Rec 8 We recommend that the adequacy of staffing levels is reviewed particularly in respect of the needs of women at weekends. We also recommend that stronger efforts are made to ensure residential units are not deprived of staff because of bed watches.

AB

Rec A The Police and the Prison Service should use the same scale and terms when assessing risk of self-harm.

Rec H We recommend that a more detailed policy is developed about the allocation of cells. For prisoners subject to ACCT monitoring, any cell moves should be agreed as part of the reviewing process, other than in an emergency when they should be reported to the Case Review.

Rec L Greater priority should be given to ensuring that prisoners with open ACCTs are allocated to a Personal Officer who attends or reports to all ACCT reviews

Rec M Greater efforts should be made to involve in ACCT reviews any of those who work in a prison who know a prisoner well, and to obtain their contributions if they cannot attend.

Rec Q Mechanisms should be developed so that in appropriate cases the views of cellmates can contribute to the assessment of risk.

Rec S Establishments holding foreign national prisoners should be assisted in understanding cultural differences in respect to attitudes to death, murder and taking one's own life.

Rob Allen

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